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ABSTRACT

Children's responses to stressful events are discussed in this paper. The paper describes children's feelings about and reactions to death, divorce, hospitalization and parent imprisonment. School phobias are also discussed. Age differences in reactions to these crises are described and discussed in terms of general cognitive development and developmental stages. It is suggested that adults can help children cope with crisis situations by providing accurate information, by encouraging the expression of feelings and by managing their own feelings and attitudes towards these same events. The paper also describes ways in which outside supportive services, teachers, initial family relationships and family life education can affect the child's responses to a crisis situation. (BD)

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TENDER TOPICS: CHILDREN AND CRISES*

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It is often hard for us to realize that even very young children have feelings that are just as intense as the feelings of adults. Even when we do realize the intensity of children's feelings, it is difficult to cope with their feelings in a sensitive and dignified way. Dealing with feelings in crisis is a tender topic. When children face crisis situations, it is difficult for us to recognize and assume our responsibilities.

Until the most recent years, ways to help young children cope with crisis situations have seldom been dealt with in the psychological literature and even more seldom have they been dealt with in the educational literature. Within the last few years as we have brought our discussions of death, divorce, abuse and neglect more into the open, we have included the responses of children in our concern. We have begun to study the effects of these crises on children as well as crises related to school phobia, hospitalization and illness, and imprisonment of parents. In most of these crises, children must cope with separation and loss, and frequently with both anger and fear. These are crises in which parents and teachers may take actions that may be helpful or harmful to children's eventual ability to cope. They are crises in which children have a right to the guidance of informed and understanding adults, whether they are parents, teachers,

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or friends. These crises create some kind of disruption in children's usual responses to family activities and classroom routines, despite the prescribed school curriculum, that need tender care and guidance.

Responses to Crisis Situations

Although research is not extensive on children's responses to crises involving separation and loss, it is beginning to help us become aware of the number and significance of crisis encounters for children even those under six years of age. In a two-week survey of 16 children in a nursery school, Gilbert Kliman (6) reported the following events: a tonsilectomy, the injury of a relative in a car crash, sudden hospitalization of a sister in the middle of the night, a brother's operation, the death of a grandmother, a prolonged parental absence due to a two-month trip abroad, the death of a turtle, the death of a cat, and revelation to a child's family that an uncle had died during the preceding months. We tend to think of children's lives as more protected than this. Often we do not recognize or fail to deal with the potential effect of such experiences on children.

Disruptive separations, both brief and extended, may be the earliest experiences of loss in a child's life, setting precedents for the content of his or her later responses to separation, loss or even death. Later childhood and adult reactions to losses of many kinds may be deeply influenced by the timing, frequency, and conditions of early separations and reunions.

Death

If you have observed the notices of seminars sponsored by local churches and community organizations, you know that experiences of an responses to loss--primarily loss through death--have been receiving widespread attention. Social, cultural and personal attitudes toward death and dying are being explored in psychological and medical literature. Styles of grieving and mourning in response to death are being identified and examined for their potentially pathogenic or healing features. Only recently have we begun to study the relationship between children's early experiences of loss and the course of their development. The most traumatic of these experiences--the child's prolonged separation from his or her mother by death--has been found to cause failure to thrive, prolonged and delayed recuperation from infection, and illness and hospitalization as the most apparent physical results of this deprivation. (6)

A separated toddler may grieve and mourn, display searching and longing with all the intensity of an adult mourning the death of a loved figure. Paradoxically, an older preschool child may appear to accept the news of the death of a parent more passively. He may insist, though, that the dead parent will be present for his next birthday. Such responses are within the developmental framework of human experience not deviant nor pathological. The developmental course of such patterns is naturally influenced by a child's cognitive development. The behavior becomes comprehensible as an expression of the individual's adaptive efforts toward survival and broadens the range of normalcy in responses accompanying these events.

In a study by Koocher, (3) children ranging in age from 6 to 15 years were asked four questions. "What makes things die?" "How do you make dead things come back to life?" "When will you die?" "What will happen then?" Results show that 6 to 8 year old children gave answers including fantasy reasoning, magical thinking, and realistic causes of death that were marked by egocentric reasoning characteristic of the preoperational child. Responses including the specific means of inflicting death, with or without intention, such as naming specific weapons, poison, or assaultive acts were given by the concrete-operational children, about 7 to 12. Children over 12 included abstract clusters such as physical deterioration, naming classes of potential causes, or the recognition of death as a natural process which was typical of formal operational children.

According to Piaget, children at the "preoperational" stage of cognitive development might be expected to describe one or more means by which dead things could come back to life. In Koocher's (3) study, preoperational six year old children told ways they thought the dead could be revived. In answer to the question, "When will you die?" all but one of the 75 subjects were willing to make an estimate. These estimates ranged from a low of seven by a six year old, to a high of 300 years by a nine year old. The question, "What will happen when you die?" also elicited varied responses. Fifty-two percent referred to being buried, 21 percent referred to an afterlife, 19 percent referred to having a funeral, and 10 percent referred to how death would occur, other responses referred to some aspect of sleep, to being remembered by others, to reincarnation and to cremation. It was apparent that children's ideas about death are quite different at different

age levels. Such differences assume dramatic proportions when the death of someone close to the child, or even a pet, forces an adult into the awkward and uncomfortable position of explaining to a child what has happened.

Divorce

In 1974 more than a million children in the United States below the age of 18 were affected by divorce. School age children were the largest single group affected. In divorce the central event for most children is the parental separation. The child frequently perceives the parent's departure as a departure from him or her personally. In addition, the physical departure of the parent and the parent's belongings, and the continuing absence of this parent, make the family disruption undeniably real. Divorce in this respect, to the child, is psychologically comparable to the event of death and frequently evokes similar responses of disbelief, shock and denial. The impact of divorce on children and adolescents from 60 familites was studied by Kelley and Wollerstein (2). Children in the younger latency group, 7 and 8 years old, were immobilized by their suffering and their defense organization was more vulnerable to regression than that of older children. Sadness was their most striking response with some of the children able to express their sorrow directly within the supportive structure of a counseling interview. The world of some children seemed filled with symbols and events of death, damage, loss and emptiness. Some made use of avoidance and silence while others maintained a strong verbal denial of sadness or vigorously addressed themselves to peripheral

issues. Most of the younger latency children were frightened by their unstable family situations. Crying and sobbing were not uncommon, and fantasies of deprivation pervaded their activities. In contrast to pre-school children, many of whom may think they caused the divorce, most of the latency children denied any feelings of responsibility. Wishes for reconciliation, by contrast, were widespread, open and enduring in these children. None of the children were pleased or relieved with the divorce, despite a family history of chronic, often violent marital conflict. More than half of the children missed their father acutely and it was little comfort to them that they saw him on occasional visits. Many children felt the brunt of their parents' bitterness and continuing rage toward each other as it was re-enacted during visits. Relationships with the custodial mother were characterized by anger and rage, but even more common were fears of antagonizing the mother for fear of also being rejected by her. Unlike older children, early latency children seemed not to have any adaptive solutions for avoiding the pain. There was no straight-forward relationship between the intensity of the child's suffering at home and an observable reaction to the divorce as seen as school.

When studied a year later, the intense pain and suffering initially experienced had disappeared; in its place was a sad, resigned attitude about the divorce. By and large, the latency children accepted the divorce as final. This realistic acceptance was in contrast to the researcher's observations of the five- and six-year-old girls, who continued to cling to fantasies of the father's return.

Imprisonment

A fairly common form of separation on which little literature exists is that of imprisonment of the parent. Sack and his associates (7) studied the families of imprisoned fathers and imprisoned mothers involving 73 children between the ages of 5 and 14, including 37 stepchildren. A few of the children manifested some form of antisocial behavior within a short time after their parents' incerceration. The most frequent complaint reported by parents was aggressive and disruptive behavior which seemed to occur more frequently at home than at school. Children were "always fighting over little things", outbursts were frequent in the form of "I don't want you. I want my Daddy." Strangely, imprisonment of the mother did not seem to produce even mild aggressive behavior. Often imprisonment was the last of a series of family crises and seemed more of a precipitant than a cause of antisocial behavior.

School Phobia

A key factor in the development of school phobia is separation anxiety felt by the child as dependence on the mother changes. It is found in both boys and girls mainly in the early elementary and junior high grades. By some, school phobia is labeled "school refusal", and by others, "school avoidance". It refers to the child who develops gastro-intestinal upset for which no overt physical cause can be found. The problem is a manifestation of severe anxiety, rather than the simple desire to avoid school. A child sensing early stress on independence may respond with anxiety if his or her dependency needs are great. Such a child feels a sense of rejection which often leads to anger at being harnessed with too many

responsibilities. This anger may generate guilt. It is the interaction between the demands the family makes on the child and the individual's unique psychic organization which will ultimately determine whether a phobia develops.

All school avoidances are not phobias. Such is true of children who have early morning nausea and vomiting prior to and on the way to school or habitual dawdling and lateness. These are manifestations of anxiety not yet bound into phobic symptoms. The behaviorally observed anxiety on separating from a parent is one of the most common masques of childhood fears of other origin. Factors related to the school may also be associated with school avoidance. Even when school phobia does not develop, the child with strong dependency needs may react with intense feeling to pressures for more independent behavior.

Hospitalization--long term and minor illnesses

At one time or another, every teacher is faced with a child who has some kind of chronic physical condition, particularly if visual and hearing impairments, mental retardation and speech, learning, and behavior disorders are included. Such a scope yields an estimate of 30 percent to 40 percent of children up to the age of 18. (3) The most common physical conditions are asthma, epilepsy, cardiac conditions, cerebral palsy, orthopedic illness and diabetes mellitis. Children with long-term physical disorders are subjected to a multitude of emotionally stressful situations, often of a recurring nature.

A common cause for emotional stress in illnesses is due to the uncertainty as to why pain and suffering occur. The preschool child, in

particular, has little ability to comprehend the causability of illness, tends to interpret pain and other symptoms as a result of mistreatment punishment, or "being bad". Children up to the ages of 8 to 10 often attribute illnesses to family interactions, e.g., they get sick because of their disobedience or they might blame family members for causing the illness. Young children inflicted with an heredity illness often voice hostile accusations against their parents. The often frequent and lengthy hospital admissions for chronically ill children make it necessary for them to adjust to an unfamiliar, regimented hospital environment with a confusing array of health specialists and frightening often painful medical procedures. Most sick children find immobilization and restriction of activity emotionally stressful. They rely on freedom of movement to discharge tension, to express dissatisfaction and aggression, and to explore and master the environment, so prolonged restraint can cause them to panic, develop temper tantrums and become a serious management problems.

All children who were ill in a study by Mattsson and Weisberg (5), regardless of age group, sex and type of illness, showed some temporary loss of their age-appropriate behavior. In addition, there were significant qualitative differences in the mother-child interactions. The two year olds were clingy, whiny, and dependent on the mother, children three and older showed a diminished interest in physical and verbal contact with the mother often to the point of rejecting efforts at giving extra attention. They frequently withdrew into a self-contained undemanding state such as resting quietly or watching television. During convalescence there was a frequent appearance of separation fears. It seemed as if these children had experienced an "emotional separation" from their mothers during their

state of relative withdrawal. Carey and Sibinga (1) have described the five stresses and needs experienced by the acutely ill child as: 1) the discomfort of the illness itself and its treatment; 2) the emotional reactions to the illness, such as feelings of guilt or of being bad, fears, anger, depression, and apathy; 3) the loss of normal social contacts at school and elsewhere outside the home; 4) the restrictions, such as bed rest and diet, within the home; 5) the changed relationship with his/her parents, who may display indulgence or hostility. Parents and teachers often are not prepared for these behavioral differences and are bewildered when children do not respond in their characteristic ways.

What Adults Can Do To Help the Child

Obviously, it is not possible in a short paper to discuss ways of helping children cope with all their crises. This section, therefore, will be confined to some general guidelines. It may help to review that the feelings most frequently involved are abandonment, anger, hostility, and depression. Often crises cannot be avoided but children's coping abilities can be enhanced by the behavior of adults around them.

Information Needed

Children need information--they must have as much help as possible in understanding the situation. Information should be given in a form simple enough for the child to understand. Not all information needs to be given at one time, even in response to children's questions. It is better if communication can be kept open and children can seek more

information as it is needed. If a trip to the hospital is involved, children can be helped to cope with the situation by being given a tour of the hospital when they are not sick. Explanations can be given, equipment can be demonstrated or even tried out to relieve some of the fear. Increasingly, hospitals are responding to the fear and anxieties of children by providing information about what will be done to children and how it will affect them.

Some parents do not answer children's questions about death adequately because they either do not know how or they wish to shield the child from the harsh realities of death. Other parents do answer their children's questions but in an attempt to protect the child, they give bad answers which confuse the child. A child who is told that a dead loved one has gone on a long, long trip will think that the person went voluntarily and will return. He will also wonder why he left without saying goodbye--why he deserted the child. Those adults who undertake explaining death to a young child would also be wise to ask the child to explain back again what he has been told. This would offer the opportunity to detect and correct any gross distortions or misperceptions on the part of the child.

Many of the children of imprisoned parents are deceived in some way. In some families, total deception is practiced. Often only the older children know the truth. The fathers do not know what had been told to their children--some parents do not know who has handled th job. This only worsens the crisis for children especially when there has been publicity and the children's friends may know more than they do about the imprisonment. Accurate information must be provided but it can be done in a way to help the child maintain respect for the imprisoned parent.

Feelings need to be expressed

Children should be provided with opportunities to express their feelings. This is helpful both as a means of expression and as a means of helping the adult understand the kind of connection the child is making between the crisis and other events in his life. For preschool children, play has long been recognized as an avenue to children's perceptions, feelings and ideas about their world. Self-initiated play permits children to develop their own themes and to describe their understanding of the crisis. Encouraging exploratory play implies an acceptance of the children's strong feelings, despite their cognitive limitations and apparent distortions of reality. Teachers and parents need to be aware of the importance of having play materials available as stethoscopes, play syringes, mirrors, white coats, and bandages to encourage expressive play. The ritual that older children follow in burying the dead bird is also valuable in helping children understand death.

Older children may be able to discuss their concerns with parents or teachers or other adults or they may choose painting, clay modeling, or creative writing as the means of expression.

Attitudes of Adults

Adults who are important to children can help them only if they are prepared to explore their own attitudes and anxieties about separation, loss, and death. To the extent that they are able to confront and explore their own perceptions and feelings on these issues, to that extent they will be able to function more appropriately with children. For the most part, we have not been helped to give children simple but accurate

explanations. Knowing this, we have to be willing to learn ways of helping children which differ from the approaches that may have been used in our own families.

Not all families can cope with crises without outside help. Particularly in the case of violence or abuse and imprisonment, treatment is urged which relates to both the child's needs and the basic family situation. Family counseling or short term therapy is also frequently recommended.

The most important services are preventive. Children who grow up in a family atmosphere where members communicate freely with each other and have warm and accepting relationships are in a situation conducive to dealing with their feelings of anger and hostility. Parents who can accept their children's feelings without threat because of their intensity or implication that the parents might not be perfect are well on the way to helping their children. Family life education which enables families to deal with their feelings and value systems and to acquire basic information about their own attitudes and feelings as well as its growth and development of their children can help parents establish the kind of open atmosphere in which different family members can cope with their feelings. Many young parents must have this help because neither their experience nor their education has provided it.

Teachers must also be able to create a classroom atmosphere where there is acceptance and respect for feelings. Teachers, themselves, must have an understanding of their own feelings and attitudes which enables them to relate to children with warmth and acceptance, though not necessarily condoning all of their behavior. Teachers, baffled by children's

behavior, often find that children in their lack of knowledge have created fanciful or unspoken fears or have a distorted view of a situation. If the child is able to express his fears or anxieties, the teacher may find an explanation for behavior that at first seemed incomprehensible.

Children have a right to accurate understandable explanations, to express their feelings and concerns and to adults who in spite of their own stresses are able to help them. Not all crises are preventable but the relationships which exist prior to their occurrence can be a source of strength to both children and adults, to the children because they have learned to trust adults, to adults because they have experience in showing respect for the feelings of children. Recognizing and dealing with intense feelings is always a tender topic.

BIBLIOGRAPHY

(1) Carey, William B., and Maarten, S. Sibinga, "Avoiding Pediatric Pathogenesis in the Management of Acute Minor Illnesses," Pediatrics, 49:553-560, April, 1972.

(2) Kelley, Joan B., and Wallerstein, Judith S., "The Effects of Parental Divorce: Experiences of the Child in Early Latency," American Journal of Orthopsychiatry 46:20-32, January, 1976.

(3) Koocher, Gerald P., "Talking with Children About Death," American Journal of Orthopsychiatry, 44:404-411, April, 1974

(4) Mattsson, Ake, "Long-term Physical Illness in Childhood: A Challenge to Psychosocial Adaptation," Pediatrics, 50:801-809, November, 1972.

(5) Mattsson, Ake and Weisberg, Israel, "Behavioral Reactions to Minor Illness in Preschool Children," Pediatrics, 46:604-610, October, 1970.

(6) Parness, Estelle, "Effects of Experiences of Loss and Death Among Preschool Children," Children Today, November-December, 1975, pp. 2-7., Vol. 4, No. 6.

(7) Sack, William H., Seidler, Jack, and Thomas, Susan, "The Children of Imprisoned Parents: A Psychosocial Exploration," American Journal of Orthopsychiatry, 46:618-627, October, 1976.

(8) Shapiro, Theodore and Jegede, R. Olukayocle, "School Phobia: A Babel of Tongues," Journal of Autism and Childhood Schizophrenia, 3:168-186, 1973.

(9) Tooley, Kay, "Antisocial Behavior and Social Alienation Past Divorce: The 'Man of the House' and His Mother," American Journal of Orthopsychiatry, 46:33-42, January, 1976.

(10) Vass, Hannelore and Shaak, Judith, "Helping Children Uncerstand Death Through Literature," Childhood Education, 53:80-85, November-December, 1976.

(11) Whitley, Esstoya, "Grandma--She Died", Childhood Education, 53:77-79, November-December, 1976.